# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

#### INTERVENTIONAL PROCEDURES PROGRAMME

### **Equality impact assessment**

### IPG633 Percutaneous insertion of a temporary heart pump for left ventricular haemodynamic support in high-risk percutaneous coronary interventions

The impact on equality has been assessed during guidance development according to the principles of the NICE Equality scheme.

#### **Briefing**

1. Have any potential equality issues been identified during the briefing process (development of the brief or discussion at the committee meeting), and, if so, what are they?

Age: Coronary Heart Disease (CHD) prevalence increases with age (prevalence 0.2% in 16-34 year olds, increasing to 25.2% and 17.3% in men and women aged 75-85, respectively). Coronary heart disease, for which percutaneous coronary intervention (PCI) is indicated, is more common in people over the age of 65.

<u>Sex:</u> CHD is more prevalent in men (5.7%) than women (3.5%). Age and sex are protected characteristics under the Equality Act 2010.

<u>Ethnicity:</u> among ethnic groups in UK, CHD is more common in men of Indian and Pakistani origin than in other ethnic groups.

<u>Socio economic:</u> CHD prevalence is higher in disadvantaged groups (5% in men with the highest quintile of household income to 11% in the lowest quintile; 2% to 5% in women).

<u>Disability:</u> People are likely to be covered under disability in the Equality Act if their CHD significantly reduces their ability to carry out activities of daily living for more than 12 months or they are covered due to a co-existing long term condition or impairment.

2. What is the preliminary view as to what extent these potential equality issues need addressing by the committee? (If there are exclusions listed in the brief (for example, populations, treatments or settings),

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	are these justified?)
	was not thought to have an impact on the assessment of the procedure. exclusions were applied.
3.	Has any change to the brief (such as additional issues raised during the committee meeting) been agreed to highlight potential equality issues?
No	
4.	Have any additional stakeholders related to potential equality issues been identified during the committee meeting, and, if so, have changes to the stakeholder list been made?'
No	
Approved by Programme Director and Clinical Advisor  Date: 02/10/2018	
Consultation	
1.	Have the potential equality issues identified during the briefing process been addressed by the committee, and, if so, how?
Not applicable	
2.	Have any other potential equality issues been raised in the overview, specialist adviser questionnaires or patient commentary, and, if so, how has the committee addressed these?

No

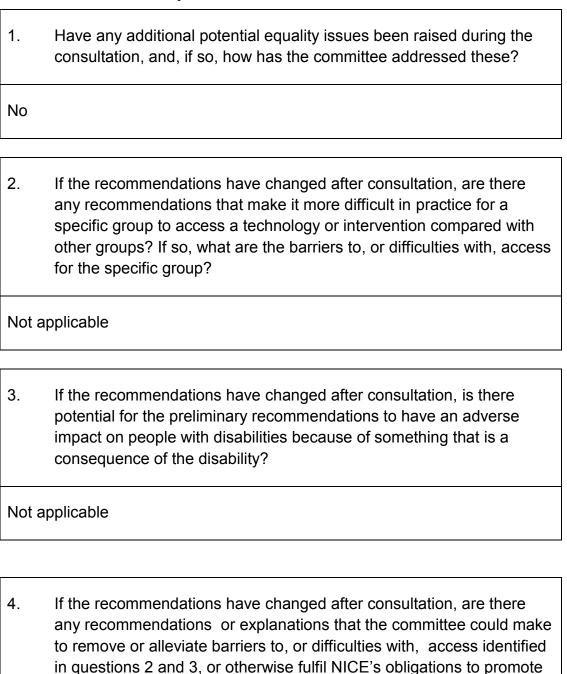
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3.	Have any other potential equality issues been identified by the committee, and, if so, how has the committee addressed these?	
No		
4.	Do the preliminary recommendations make it more difficult in practice for a specific group to access a technology or intervention compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?	
No		
5.	Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?	
Not applicable		
6.	Are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with, access identified in questions 4 or 5, or otherwise fulfil NICE's obligation to promote equality?	
Not applicable		
7.	Have the committee's considerations of equality issues been described in the consultation document, and, if so, where?	
No		

#### **Approved by Programme Director and Clinical Advisor**

Date: 02/10/2018

#### Final interventional procedures document

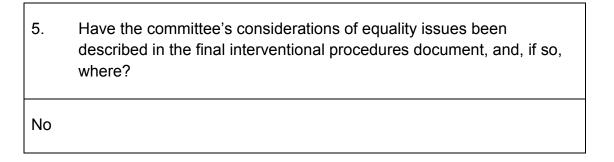


Not applicable

equality?

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## Approved by Acting Programme Director -Devices and Diagnostics Systems

Date: 19/10/18